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## REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (optional)  
8403.186

I hereby declare that:

My residence and mailing address and citizenship are stated below next to my name.

I am authorized to act on behalf of the following assignee: Southpac Trust International, Inc.

Authorized Signatory for Southpac Trust International, Inc., not as an individual, but as Trustee of the Family Trust U/T/A dated December 8, 1995.

The entire title to the patent identified below is vested in said assignee.

Name of Patentee(s): Donald E. Weder

Patent Number 5,861,199	Date of Patent Issued 01/19/1999
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Title of Invention Optical Effect Material and Methods

I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled \_\_\_\_\_, Optical Effect Material and Methods \_\_\_\_\_,

the specification of which

is attached hereto.

was filed on \_\_\_\_\_ as reissue application number \_\_\_\_\_ / \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

- by reason of a defective specification or drawing.
- by reason of the patentee claiming more or less than he had the right to claim in the patent.
- by reason of other errors.

At least one error upon which reissue is based is described as follows:

The patent is partly inoperative or invalid as it incorporates and references back further than is required.

[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (Optional) 8403.186									
<p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.</p> <table border="1"> <tr> <td>Name(s) Charles A. Coddng</td> <td>Registration Number 25,099</td> </tr> <tr> <td>Glen M. Burdick</td> <td>24,230</td> </tr> <tr> <td>Douglas J. Sorocco</td> <td>43,145</td> </tr> </table>			Name(s) Charles A. Coddng	Registration Number 25,099	Glen M. Burdick	24,230	Douglas J. Sorocco	43,145			
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Douglas J. Sorocco	43,145										
<p>Correspondence Address: Direct all communications about the application to:</p> <table border="1"> <tr> <td><input type="checkbox"/> Customer Number</td> <td>Type Customer Number Here</td> <td>→</td> <td>Place Customer Number Bar Code Label Here</td> </tr> </table>			<input type="checkbox"/> Customer Number	Type Customer Number Here	→	Place Customer Number Bar Code Label Here					
<input type="checkbox"/> Customer Number	Type Customer Number Here	→	Place Customer Number Bar Code Label Here								
<p><b>OR</b></p> <table border="1"> <tr> <td>Firm or Individual Name <input checked="" type="checkbox"/> Dunlap, Coddng &amp; Rogers, P.C.</td> </tr> <tr> <td>Address 9400 North Broadway, Suite 420</td> </tr> <tr> <td>Address</td> </tr> <tr> <td>City Oklahoma City</td> <td>State OK</td> <td>Zip 73114</td> </tr> <tr> <td>Country USA</td> </tr> <tr> <td>Telephone (405) 478-5344</td> <td>Fax (405) 478-5349</td> </tr> </table>			Firm or Individual Name <input checked="" type="checkbox"/> Dunlap, Coddng & Rogers, P.C.	Address 9400 North Broadway, Suite 420	Address	City Oklahoma City	State OK	Zip 73114	Country USA	Telephone (405) 478-5344	Fax (405) 478-5349
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>											
<p>Full name of person signing (given name, family name) Charles A. Coddng</p>											
Signature 		Date 1-18-01									
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<input type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.											